# FORM 115 (REVISED 10-25-96)

## ARCHITECTURE & ENGINEERING DIVISION ARCHITECT-ENGINEER QUESTIONNAIRE FOR SPECIFIC PROJECTS

### Instructions for Completing Form 115 (Numbers below correspond to numbers contained in form):

- 1. Give name and location of the project for which this form is being filed.
- 2. Indicate A/E identification number as provided in the project announcement.
- 3. List the firm name and complete address. List both the street and mailing address (if different).
  - **3a.** List the name, title, and telephone number of that principal who will serve as the point of contact. Such an individual must be empowered to speak for the firm on policy and contractual matters.
  - **3b.** Name, title of person who will be responsible for leading the team of professionals responsible for completing this project.
  - **3c.** Give the address of the specific office which will have responsibility for performing the work, if different than 3.
  - 3d. List the firm name of those consultants you will use for this project. List the name of the Project Engineer for each firm and their telephone number.
- 4. Provide brief resumes of key personnel expected to participate on this project. Care should be taken to limit resumes to only those personnel and specialists who will have major project responsibilities.
- List up to 5 projects which demonstrate the firm's competence to per-form work similar to that likely to be required on this project. The more recent the projects, the better. Prime consideration will be given to projects which illustrate respondent's capability for per-forming work similar to that being sought. Required information must include: (a) name and location of project, (b) brief description of type and extent of services provided for each project (submissions by joint ventures should indicate which member of the joint venture was the prime on that particular project and what role it played), (c) name and address of the owner of that project (if Government agency, indicate responsible office), (d) completion date (actual or estimated), (e) total construction cost of completed project, (or where no construction was involved, the approximate cost of your work) and that portion of the cost of the project for which the named firm was/is responsible. Then list 3 projects which demonstrate the prime consultant's competence to perform work similar to that likely to be required on this project. Provide the same information that is listed for firm's work.
- 6. Through narrative discussion, show reason why the firm submitting this questionnaire believes it is <u>especially</u> qualified to undertake the project. Respondents may say anything they wish in support of their qualifications.
- 7. Completed forms should be signed by the principal responsible for the work in the event it is awarded to your firm.

#### ALL INFORMATION CONTAINED IN THE FORM SHOULD BE CURRENT AND FACTUAL.

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## ARCHITECTURE & ENGINEERING DIVISION ARCHITECT-ENGINEER QUESTIONNAIRE FOR SPECIFIC PROJECTS

1. Project Name:				-   2 A/E Identifica	diam NIa .		
Location:				_ 2. A/E Identifica	ition No.:		
3. Firm Name:					Fa	ıx No.:	
Address:	~		Mailing Address:		~		
City:	State:	Zip Code:	City:		_State:	Zip Code:	
3a. Principal Contact Name: Phone No.:	Fax No.:			Title:			
3b. Project Architect/Engineer	Name:						
3c. Office to perform work: Pl Address:	none No.:	Fax No.:	Mailing Address:				
City:	State:	_ Zip Code:	City:		State:	Zip Code:	
3d. List the firm name and add							
Architect Name:				Phone No.:	F	Fax No.:	
Address: City:			Mailing Address: City:		State:	Zip Code:	
Mechanical Engineer Name:				Phone No :		Eav No ·	
Address:			Mailing Address:				
City:	State:	Zip Code:	Mailing Address: City:		State:	Zip Code:	
Electrical Engineer Name:				Phone No.:		_ Fax No.:	
			Mailing Address:				
City:	State:_	Zip Code:	City:		State:	Zip Code:	
Civil Engineer Name:						_ Fax No.:	
Address:	<u> </u>	7' 0 1	Mailing Address:		C	7: 0.1	
City:	State:	Zip Code:	City:		State:	Zip Code:	
Structural Engineer Name:				Phone No.:		_ Fax No.:	
Address:			Mailing Address:				
City:	State:_	Zip Code:	City:		State:	Zip Code:	

Other Name:							
Address: State: Zip Code:	Mailing Address: State: Zip Code:						
4. Brief Resumes of Key Persons with your Firm and Individual Consultants Anticipated for this Project:							
a. Name: Title:	a. Name: Title:						
b. Project responsibility:	b. Project responsibility:						
c. Name of firm with which associated:	c. Name of firm with which associated:						
d. Years experience with this firm:	d. Years of experience with this firm:						
e. Education: ( Degree(s)/ Year / Specialization)	e. Education: ( Degree(s)/ Year / Specialization)						
f. Active registration: (Year first registered/Discipline)	f. Active registration: (Year first registered/Discipline)						

g. Other experience and qualifications relevant to the Proposed Project:			g. Other experience and qualifications relevant to the Proposed Project:			
5. Work by your firm which best illustration	5. Work by your firm which best illustrates current qualifications relevant to this Project. (List no more than 5 Projects)					
	•		_ <del></del>	, , 		
				d. Completion Date:	e. Estimated Costs:	(In thousands)
a. Project Name & Location:	b. Nature of Firm's Responsibility:	c. Owner's Name, Address and Phone Number:		(Actual or Estimated)	Entire Project	Work for which firm was/is responsible
(1)						
(2)						
(3)						
(4)						

(5)						
Work by Primary Consultant which best illustrates current qualifications relevant to this Project. (List not more than 3 Projects)						
(1)						
(2)						
(3)						

6. Use this space to provide any additional information or description of resources supporting your Firm's qualifications for the proposed Project:					
	m the times	<b>D</b>			
7. Signature:	Typed Name and Title:	Date:			